

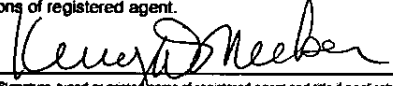
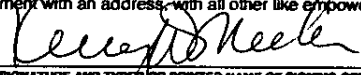


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90209 022 \*\*\*\*61.25

<b>DOCUMENT # N03000001646</b> 1. Entity Name <b>SEBRING FL CHAPTER, SPEBSQSA, INC.</b>							
Principal Place of Business <b>3107 DIVOT ROAD SEBRING, FL 33870</b>			Mailing Address <b>3107 DIVOT ROAD SEBRING, FL 33870</b>				
2. Principal Place of Business <b>163 HILLCREST DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>163 HILLCREST DR</b> Suite, Apt. #, etc.		<b>94073429</b>  			
City & State <b>AVON PARK, FL</b> Zip <b>33825</b>		City & State <b>AVON PARK, FL</b> Zip <b>33825</b>		4. FEI Number <b>47-0915604</b> Applied For <input type="checkbox"/> Not Applicable			
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LADD, JAMES DR. 3107 DIVOT ROAD SEBRING, FL 33870</b>			7. Name and Address of New Registered Agent Name <b>KERRY D. MEEKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>163 HILLCREST DR</b> City <b>AVON PARK</b> <b>FL</b> Zip Code <b>33825</b>				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>Kerry D. Meeker</b> <b>4-21-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LADD, JAMES DR. 3107 DIVOT ROAD SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, JAMES 4033 CARTER CREEK RD AVON PARK, FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEEKER, KERRY D 163 HILLCREST DRIVE AVON PARK, FL 33825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURKE, GERALD 1852 US HWY 27 SOUTH, LOT C-04 AVON PARK, FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, JAMES 4033 CARTER CREEK ROAD AVON PARK, FL 33825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b>  <b>Kerry D. Meeker</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4/21/04</b> <small>Date</small>		<b>863-773-4151</b> <small>Daytime Phone #</small>	